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Bib Data Sheet

CONFIRMATION NO. 9884

SERIAL NUMBER 10/780,087	FILING DATE 02/17/2004	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 65856-0054
RULE				

APPLICANTS

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** CONTINUING DATA ***** *None TMB*** FOREIGN APPLICATIONS ***** *None TMB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>J. M. B. Same TMB</i> Examiner's Signature Initials				

ADDRESS

10291

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39533 WOODWARD AVENUE

SUITE 140

BLOOMFIELD HILLS, MI

48304-0610

TITLE

Wireless measurement device

FILING FEE RECEIVED 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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